

AF/37389

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Clifton A. Alferness, John M. Adams, Mark L. Mathis, and David G. Reuter

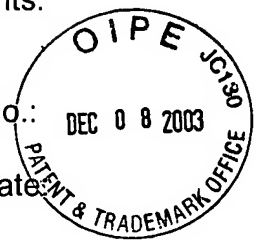
Serial No.: 10/011,867

Filing Date: December 5, 2001

Title: ANCHOR AND PULL MITRAL VALVE DEVICE AND METHOD

Examiner/Unit: Urmi Chattopadhyay / 3738

Attorney Docket No.: 1931-7-3



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TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: MS FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 5th day of December, 2003.


Signature

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

☒ The fee has been calculated as shown below:

☐ No additional claim fee is required.

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Computation of Fee
For Claims as Amended

	Claims Remaining After <u>Amendment</u>		Highest Number Previously <u>Paid for</u>		<u>Present</u> <u>Extra</u>	<u>Rate</u>	<u>Addl.</u> <u>Fee</u>
Total Claims	43	Minus	43	=	0 x	\$18/\$9 =	\$-0-
Independent Claims	9	Minus	5	=	4 x	\$86/ <u>\$43</u> =	\$172
Total additional fee for this amendment							\$172

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

XX Check No. 21348 in the amount of \$172.00 for the additional claim fee is enclosed.

_____ Charge \$_____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

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